

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF NEW YORK

★ APR 27 2021 ★

LONG ISLAND OFFICE

Matthew Sylvia

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-against-

SUFFOLK COUNTY POLICE DEPT
COUNTY OF SUFFOLK ET AL

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

**Complaint for Violation of Civil
Rights**

(Non-Prisoner Complaint)

Case No. **CV 21 2333**

(to be filled in by the Clerk's Office)

Jury Trial: Yes No
(check one)

BROWN, J.

LOCKE, M. J.

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in *forma pauperis*.

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	<u>MATTHEW SYLVIA</u>
Street Address	<u>215 MEUCCI AVE.</u>
City and County	<u>COPIAQUE, NY 11726, SUFFOLK</u>
State and Zip Code	<u>NEW YORK, 11726</u>
Telephone Number	<u>631 842-3704</u>
E-mail Address	

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name	<u>SUFFOLK COUNTY POLICE Dept</u>
Job or Title (if known)	<u>Detectives</u>
Street Address	<u>30 YAPHANK AVE.</u>
City and County	<u>YAPHANK, SUFFOLK</u>
State and Zip Code	<u>NEW YORK 11980</u>
Telephone Number	<u>631 852-6000</u>
E-mail Address (if known)	

Defendant No. 2

Name COUNTY OF SUFFOLK ET AL
Job or Title _____
(if known) _____
Street Address _____
City and County _____
State and Zip Code _____
Telephone Number _____
E-mail Address _____
(if known) _____

100 VETERANS MEMORIAL HWY
HAUPPAUGE, SUFFOLK
NEW YORK 11788
631 853 4049

Defendant No. 3

Name _____
Job or Title _____
(if known) _____
Street Address _____
City and County _____
State and Zip Code _____
Telephone Number _____
E-mail Address _____
(if known) _____

Defendant No. 4

Name _____
Job or Title _____
(if known) _____
Street Address _____
City and County _____
State and Zip Code _____
Telephone Number _____
E-mail Address _____
(if known) _____

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

State or local officials (a § 1983 claim)
 Federal officials (a *Bivens* claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

UNREASONABLE Search And SEIZURE
EXCESSIVE FORCE
CRUEL AND UNUSUAL PUNISHMENT

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

D. Section 1983 allows defendants to be found liable only when they have acted “under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia.” 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

THE DETECTIVES ACTED UNDER COLOR
OF STATE LAW USING THEIR AUTHORITY
TO DETAIN AND UNREASONABLY SEARCH
MY PERSON AND MY VEHICLE
FORCIBLY!

III. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. Where did the events giving rise to your claim(s) occur?

IN FRONT OF 550 Scudder Ave,
Copiague, NY 11726

B. What date and approximate time did the events giving rise to your claim(s) occur?

JANUARY 27, 2021 AT APPROXIMATELY
1:47 pm

C. What are the facts underlying your claim(s)? (For example: *What happened to you? Who did what? Was anyone else involved? Who else saw what happened?*)

IV. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

SPRAIN OF RIGHT ANKLE, UNSPECIFIED
LIGAMENT DAMAGE.

HOSPITAL VISIT, X-RAYS, TYLENOL
AND REFERRED TO ORTHOPEDIC

V. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

I WOULD LIKE \$1,000,000.00
FOR MY PHYSICAL AND MENTAL
SUFFERING CAUSED BY THE SICK PRACTICES
UNREASONABLE SEARCH AND SEIZURE
AND EXCESSIVE FORCE WHICH CAUSED
ME TO SPRAIN MY RIGHT ANKLE
AND UNDUE AGGRAVATION, HARRASSMENT,
STRESS AND TRAUMA
AND

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: April 26, 2021

Signature of Plaintiff Matthew Sylva

Printed Name of Plaintiff Matthew Sylva

On January 27, 2021 at approximately 1:40 pm. I, Matthew Sylvia left my residence at 215 Meucci Avenue Copiague, Ny 11726. I was headed to pick up my sister from work in Babylon at 2pm.

I drove southbound on Meucci Ave and then made a left to go east on Marconi Blvd. As I was approaching Strong Ave to go southbound to Montauk Highway, I suddenly noticed A Ford Taurus color green. The Ford was traveling westbound on Marconi Blvd and they immediately made a U- turn and aggressively drove up behind me as I'm traveling south on Strong Ave, I crossed over Hoffman Ave. After passing Chettie Ave, the Ford Taurus turned on the lights on in the windshield. I then made a right on Scudder Ave and pulled over as Strong Ave Doesn't have a shoulder to pull over on. The street is known for being busy at that time of day. So I then pulled over directly across from 550 Scudder Ave. After pulling over a guy with no badge and no mask walked to the driver side door. He said "Matthew Sylvia?" I responded , "YES?" He then said "GET OUT OF THE CAR!" I also noticed another guy on my passenger side with no mask. When I went to exit the vehicle and grabbed my mask on the blinker lever, the guy grabbed me by my arm and forced me to the ground. All I remember was being thrown to the ground and pinned to the ground while they handcuffed me really tight. At this point I'm not even on the side of the road I'm in the middle of street with cars passing me with tires somewhat close, really close. I believe this is dangerous due to the all the traffic at that time.

None of the guys were displaying any type of law enforcement badge or identification. Nonetheless none of the guys identified themselves as police officers. None were wearing any masks for protection not only for them but for the public they serve. While on the ground I was screaming "WHAT IS THIS FOR! YOU'RE HURTING ME!" As I was on the ground I noticed concerned civilians outside their houses looking over to see what all the commotion was about. One of the civilians I saw was a lady that came out of the upstairs of 560 Scudder Ave. Not only did she witness the incident but the neighboring lady that resides at 550 Scudder Ave also saw the incident. Both residences have cameras pointed at the place I was pulled over, where I was forced to the ground. I have video of the incident on January 27, 2021. I was then brought to my feet and forced to stand and lean against the trunk of my car.

Suddenly these guys that never identified themselves started rummaging and ransacking my car without my permission or any probable cause. These guys cracked the air vent on my passenger side of my vehicle during the procedures. After searching the vehicle all the three guys huddle up and went back into their Ford Taurus while I'm standing outside. All events took place while I'm handcuffed in the cold. It seemed to me they were having some sort of meeting in the Ford Taurus discussing what do in this current situation. After being handcuffed for what seemed to be about more than five minutes one of the guys walked over to me and un-cuffed me and they left.

As I attempted to leave I searched my keys so I can go back to getting my sister from work. I noticed the keys weren't in the ignition. I searched all over the car and couldn't find my keys. All of the sudden after a few minutes of mind boggling searching they came back and pulled up to my car. Rolled the window down and reached out handing me my keys and my license. While he handed me my keys I felt violated like it was some type of game. The guy smirked while he did this.

For the remainder of the night my right foot and ankle were hurting me all night. Due to the fact that I was in so much pain I decided to visit Good Samaritan hospital. The diagnostics came back and it was a sprain of the right ankle, unspecified ligament during the initial encounter. The symptoms and pain never really got better. I've had to do follow ups with an orthopedic specialist and have to go to physical therapy. If this doesn't respond to treatment the following step would be surgery.

AFTER VISIT SUMMARY

Matthew Sylvia CSN: 3030950995 MRN: E2392331

 1/28/2021  Good Samaritan Hospital Emergency Department 631-376-4045

Instructions

Your personalized instructions can be found at the end of this document.

 **Schedule an appointment with Octavian Austriacu, DO as soon as possible for a visit in 2 days (around 1/30/2021)**

Why: As needed
Specialty: Family Practitioner
Contact: 170 LITTLE EAST NECK RD
West Babylon NY 11704
631-526-9200

 **Schedule an appointment with John W. Acampa, MD as soon as possible for a visit**

Why: If symptoms worsen
Specialty: Orthopedic Surgery
Contact: 180 E. Main Street
Bay Shore NY 11706
631-968-8400

 **Follow up with Good Samaritan Hospital Emergency Department**

Why: If symptoms worsen
Specialty: Emergency Medicine
Contact: 1000 Montauk Highway
West Islip New York 11795
631-376-4045

Today's Visit

You were seen by Christine Susan Hickey, DO and Amanda Liboreiro, PA

Reason for Visit

Ankle Pain

Diagnosis

Sprain of right ankle, unspecified ligament, initial encounter

 **Imaging Tests**

X-Ray Ankle Right Minimum 3 Views
X-Ray Foot Right Minimum 3 Views

 **Medications Given**

acetaminophen (TYLENOL) Last given at 4:15 PM

OUTPATIENT REFERRAL ORDER

GSH ORTHOPEDICS
24 EAST MAIN ST
BAY SHORE NY 11706
Ph 631-376-0700
Fax 631-376-0102

Patient Information:

Name: Matthew Sylvia
MRN: E2392331
Sex: male
DOB: 5/11/1983
Address: 215 Meucci Ave
Copiaque NY 11726
Phone: 631-552-6427 (home)

Insurance Information:

Payor:	11178	Plan:	11178004
Subscriber Name:		Subscriber ID:	74416879400
Subscriber Address:	215 MEUCCI AVE COPIAQUE New York 11726	Group Name:	
Effective From:	01/01/2018	Group Number:	

REFERRAL ORDER:

Ambulatory Referral to Physical Therapy

Order Date: Apr 16, 2021

Referring Provider Information:

LEE, JOHN JUNSUK Phone: 631-376-0700 Fax: 631-376-0102

Referral Information:

Visits: 8 Referral Type: Phys Only - Physical Medicine
Urgency: Routine Referral Reason: Specialty Services Required
Start Date: End Date: To be determined by Insurer

Diagnosis:

Chronic pain of right ankle (M25.571,G89.29)

Refer to Dept:

Refer to Provider: EPIC PHYSICAL THERAPY DEP

Refer to Provider Phone:

Order Comments:

Scheduling Instructions:

Order Specific Questions:

Treatment Protocol: Evaluate & Treat

Weightbearing Status: WBAT

Frequency Of Treatment: 3x/wk

Duration: 8wks

Special Instructions: right ankle sprain

Please send consultation report following patient's appointment.

**This order was electronically signed by
Apr 16, 2021

Lee, John Junsuk, MD
License #:300957

11:02 AM

NPI: 1407083348